

SWORN STATEMENT IN PROOF OF LOSS

Allstate Vehicle and Property Insurance Company
Policy Number: 00043181029

Claim Number: 067899721
Insured: CLOVER MERIDITH

The undersigned declares: Allstate Vehicle and Property Insurance Company issued to CLOVER MERIDITH a policy of insurance, OK, 23435, (and its policy number 00043181029), insuring against loss by Fire as specifically provided in its policy. The loss occurred at the following location:

520 3RD ST, HEALDTON, OK, 73438

1. That a loss by Fire occurred around the hour of 12:15 AM/PM, on July 21, 2022. Please describe how the loss occurred: Fire

2. This building and/or property described was occupied by Clover Meridith for the purpose of

☒ Personal residence
☐ Rental Property
☐ Commercial or other business property

3. At the time of the loss, please list the party or parties who hold a financial interest or title in the property structure (Ex: Owner, Lessee, Purchaser, Mortgagee, Seller, Tenant, etc.):

Clover Meridith

Owner

Phone Number: 580-468-8446

4. Since this insurance policy went into effect, there has been no assignment or change of interest, use, occupancy, possession, location or exposure of the property described? (Yes ☒ No ☐ If yes, please list:

5. At the time of the loss, total dollar amount of insurance for this property was \$ 378,467.00

6. Are there any other policies or other contracts of insurance for this loss? (Yes ☒ No ☐ If yes, please list:

7. At the time of the loss the Actual Cash Value of personal contents claims is \$ estimate at this time around 70,000.00

8. The total amount of damages to the structural property for this loss is \$ total loss

9. The Amounts claimed for all damages (combined total of 7 & 8) and any other damages relative to this property under this policy is:

estimated 70,000.00 personal prop

estimated 120,000.00 home

190,000.00

067899721-01

EXHIBIT

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I, the undersigned, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am not aware of any fraud or other illegal act in connection with the insurance policy or policies involved in this claim. I understand that the information furnished herein may be required by the insurance company and that it will be considered a part of the proof of loss.

By providing me with this Proof of Loss, I acknowledge Allstate Vehicle and Property Insurance Company does not waive any of the policy terms, conditions, exclusions or limitations I may have under the provisions of the policy.

Once the Proof of Loss is completed, signed and notarized, we recommend that you retain a copy for your personal records.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Executed in the OKA State of Alaska, Insured Signature
County of Carter, Insured Signature

Subscribed and sworn before me this 22nd day of August, 2022.

Chere D. Lindmark Notary Public

